

# CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

\* May be used for additional claims or amendments

| CLAIMS       | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|
|              | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1            |          |        |                       |        |                        |        |
| 2            |          |        |                       |        |                        |        |
| 3            |          |        |                       |        |                        |        |
| 4            |          |        |                       |        |                        |        |
| 5            |          |        |                       |        |                        |        |
| 6            |          |        |                       |        |                        |        |
| 7            |          |        |                       |        |                        |        |
| 8            |          |        |                       |        |                        |        |
| 9            |          |        |                       |        |                        |        |
| 10           |          |        |                       |        |                        |        |
| 11           |          |        |                       |        |                        |        |
| 12           |          |        |                       |        |                        |        |
| 13           |          |        |                       |        |                        |        |
| 14           |          |        |                       |        |                        |        |
| 15           |          |        |                       |        |                        |        |
| 16           |          |        |                       |        |                        |        |
| 17           |          |        |                       |        |                        |        |
| 18           |          |        |                       |        |                        |        |
| 19           |          |        |                       |        |                        |        |
| 20           |          |        |                       |        |                        |        |
| 21           |          |        |                       |        |                        |        |
| 22           |          |        |                       |        |                        |        |
| 23           |          |        |                       |        |                        |        |
| 24           |          |        |                       |        |                        |        |
| 25           |          |        |                       |        |                        |        |
| 26           |          |        |                       |        |                        |        |
| 27           |          |        |                       |        |                        |        |
| 28           |          |        |                       |        |                        |        |
| 29           |          |        |                       |        |                        |        |
| 30           |          |        |                       |        |                        |        |
| 31           |          |        |                       |        |                        |        |
| 32           |          |        |                       |        |                        |        |
| 33           |          |        |                       |        |                        |        |
| 34           |          |        |                       |        |                        |        |
| 35           |          |        |                       |        |                        |        |
| 36           |          |        |                       |        |                        |        |
| 37           |          |        |                       |        |                        |        |
| 38           |          |        |                       |        |                        |        |
| 39           |          |        |                       |        |                        |        |
| 40           |          |        |                       |        |                        |        |
| 41           |          |        |                       |        |                        |        |
| 42           |          |        |                       |        |                        |        |
| 43           |          |        |                       |        |                        |        |
| 44           |          |        |                       |        |                        |        |
| 45           |          |        |                       |        |                        |        |
| 46           |          |        |                       |        |                        |        |
| 47           |          |        |                       |        |                        |        |
| 48           |          |        |                       |        |                        |        |
| 49           |          |        |                       |        |                        |        |
| 50           |          |        |                       |        |                        |        |
| Total Indep  |          |        |                       |        |                        |        |
| Total Depend |          |        |                       |        |                        |        |
| Total Claims |          |        |                       |        |                        |        |

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| 51           |  |  |  |  |  |  |
| 52           |  |  |  |  |  |  |
| 53           |  |  |  |  |  |  |
| 54           |  |  |  |  |  |  |
| 55           |  |  |  |  |  |  |
| 56           |  |  |  |  |  |  |
| 57           |  |  |  |  |  |  |
| 58           |  |  |  |  |  |  |
| 59           |  |  |  |  |  |  |
| 60           |  |  |  |  |  |  |
| 61           |  |  |  |  |  |  |
| 62           |  |  |  |  |  |  |
| 63           |  |  |  |  |  |  |
| 64           |  |  |  |  |  |  |
| 65           |  |  |  |  |  |  |
| 66           |  |  |  |  |  |  |
| 67           |  |  |  |  |  |  |
| 68           |  |  |  |  |  |  |
| 69           |  |  |  |  |  |  |
| 70           |  |  |  |  |  |  |
| 71           |  |  |  |  |  |  |
| 72           |  |  |  |  |  |  |
| 73           |  |  |  |  |  |  |
| 74           |  |  |  |  |  |  |
| 75           |  |  |  |  |  |  |
| 76           |  |  |  |  |  |  |
| 77           |  |  |  |  |  |  |
| 78           |  |  |  |  |  |  |
| 79           |  |  |  |  |  |  |
| 80           |  |  |  |  |  |  |
| 81           |  |  |  |  |  |  |
| 82           |  |  |  |  |  |  |
| 83           |  |  |  |  |  |  |
| 84           |  |  |  |  |  |  |
| 85           |  |  |  |  |  |  |
| 86           |  |  |  |  |  |  |
| 87           |  |  |  |  |  |  |
| 88           |  |  |  |  |  |  |
| 89           |  |  |  |  |  |  |
| 90           |  |  |  |  |  |  |
| 91           |  |  |  |  |  |  |
| 92           |  |  |  |  |  |  |
| 93           |  |  |  |  |  |  |
| 94           |  |  |  |  |  |  |
| 95           |  |  |  |  |  |  |
| 96           |  |  |  |  |  |  |
| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| Total Indep  |  |  |  |  |  |  |
| Total Depend |  |  |  |  |  |  |
| Total Claims |  |  |  |  |  |  |